

AP13 Rec'd PCT/PTO 29 NOV 2006

MORRISON | FOERSTER

19900 MACARTHUR BLVD.
IRVINE
CALIFORNIA 92612-2445
TELEPHONE: 949.251.7500
FACSIMILE: 949.251.0900

WWW.MOFO.COM

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MS Amendment	(571) 273-8300	

FROM: Barbara M. Hayashi

DATE: November 29, 2006

Number of pages with cover page:	13	Our Reference 480052000900
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Preparer of this slip has confirmed that facsimile number given is correct: 11487/BMH2**Comments:**

Application No. 10/554,964

Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Preliminary Amendment – 9 pages.

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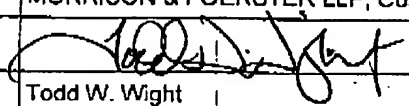
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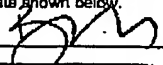
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/554,964	
	Filing Date	October 31, 2005	
	First Named Inventor	Jurgen DORN	
	Art Unit	3738	
	Examiner Name	Not Yet Assigned	
Total Number of Pages In This Submission	12	Attorney Docket Number	480052000900

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached. <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	November 29, 2006	Reg. No.	45,218

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oc-321265

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FEE TRANSMITTAL For FY 2006		Complete if Known	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number	10/554,964
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	October 31, 2005
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Jurgen DORN
650.00		Examiner Name	Not Yet Assigned
		Art Unit	3738
		Attorney Docket No.	480052000900

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description						Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims		
36		23	13	50.00	Fee (\$)		Fees Paid (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fees Paid (\$)			
3		3	3	3			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(a).							
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)		
- 100 =		750	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification. \$130 fee (no small entity discount)						Fees Paid (\$)	
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	45,218
Name (Print/Type)	Todd W. Wight	Telephone	(949) 251-7189
		Date	November 29, 2006

12/04/2006 MKAYPAGH 00000035 031952 10554964

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PAGE 3/13 * RCVD AT 11/29/2006 6:08:55 PM [Eastern Standard Time] * SVR:USPTO-EFAX-1/12 * DNIS:2738300 * CSID:949 251 0900 * DURATION (mm:ss):04:50

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Dated: November 29, 2006

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(Barbara Hayashi)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jurgen DORN

Application No.: 10/554,964

Filed: October 31, 2005

Art Unit: Not Yet Assigned

For: STENT DELIVERY SYSTEM WITH
RADIALLY STABILIZED CATHETER

Examiner: Not Yet Assigned

FIRST PRELIMINARY AMENDMENT

MS Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

INTRODUCTORY COMMENTS

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.

cc-311827

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